

## TACTICAL RESPONSE REPORT/Chicago Police Department

|   |  |  |  |  |  |  |  |  |  |   |  |   |  |                       |  |   |  |
|---|--|--|--|--|--|--|--|--|--|---|--|---|--|-----------------------|--|---|--|
| MEMBER INVOLVED                                   |  | 1. DATE OF INCIDENT<br><b>13-OCT-2011</b>  |  | TIME<br><b>00:17:00</b>  |  | 2. ADDRESS OF OCCURRENCE<br><b>111 N KEDZIE AVE CHICAGO, IL 60612</b>  |  |  |  | 3. LOCATION CODE<br><b>277</b>  |  | 4. BEAT/OCCUR<br><b>1331</b>  |  |                       |  |   |  |
|   |  | 5. POSITION<br><b>9161</b>   |  | 6. LAST NAME<br><b>KROLL</b>   |  | 7. FIRST NAME<br><b>ANDREW J</b>   |  | 8. STAR NO.<br><b>14373</b>  |  | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  |  | 10. RACE CODE<br><b>WHI</b>   |  | 11. AGE<br><b>506</b> |  | 12. HT.<br><b>140</b>   |  |
| SUBJECT INFORMATION                               |  | 14. DATE OF APPT.<br><b>02-DEC-2002</b>  |  | 15. EMPLOYEE NO.<br><b>315</b>   |  | 16. UNIT & BEAT OF ASSIGNMENT<br><b>6753D</b>  |  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   |  | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |  | 19. MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |  |                       |  |   |  |
|   |  | 20. LAST NAME<br><b>NEIL</b>   |  | 21. FIRST NAME<br><b>JERMEKA</b>   |  | 22. M.I.   |  | 23. SEX<br><input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F  |  | 24. RACE<br><b>BLK</b>  |  | 25. D.O.B.  |  | 26. HT.<br><b>506</b> |  | 27. WT.<br><b>220</b>   |  |
| REASON FOR USE OF FORCE<br>(Check all that apply) |  | 28. ADDRESS<br><b>[REDACTED]</b>   |  | 29. TELEPHONE NO.  |  | 30. WAS SUBJECT ARMED? OTHER (SPECIFY)<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |  | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |  | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><b>ST MARY OF NAZARETH HOSPITAL CENTER</b>             |  | 34. BY WHOM?          |  | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence<br><input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |  |
|   |  | 36. CHARGES PLACED<br><b>***** PLEASE SEE NEXT PAGE *****</b>  |  | 37. CB NO.<br><b>18257009</b>  |  | IR NO.   |  | DNA  |  |   |  |   |  |                       |  |   |  |
| SUBJECT'S ACTIONS                                 |  | PASSIVE RESISTER   |  | ACTIVE RESISTER  |  | ASSAULT/ASSAULT  |  | ASSAULT/BATTERY  |  | ASSAULT/DEADLY FORCE  |  |   |  |                       |  |   |  |
|   |  | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER _____   |  | FLED <input checked="" type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER _____  |  | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/><br>OTHER _____  |  | ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____   |  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/><br>WEAPON <input type="checkbox"/><br>OTHER <b>USED VEHICLE TO STRIKE OFFICER</b> |  |   |  |                       |  |   |  |
| MEMBER'S RESPONSE                                 |  | MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/><br>OTHER _____ |  | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Contact Stun) <input type="checkbox"/><br>TASER (Laser Targeted) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER _____ |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER _____   |  | KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>                                    |  | FIREARM <input type="checkbox"/><br>OTHER _____   |  |   |  |                       |  |   |  |
|   |  |  |  |  |  |  |  |  |  |   |  |   |  |                       |  |   |  |
| WEAPON DISCHARGE INCIDENT                         |  | 38. <input checked="" type="checkbox"/> DNA  |  | 39. <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)  |  | 40. ADDITIONAL INFORMATION   |  |  |  |   |  |   |  |                       |  |   |  |
|   |  | POSITION   |  | STAR NO.   |  | UNIT   |  |  |  |   |  |   |  |                       |  |   |  |
| CASE INFO.  |  | 41. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER   |  | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |  | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial |  | 44. WEATHER CONDITIONS<br><b>CLEAR</b>   |  |   |  |   |  |                       |  |   |  |
|   |  | 45. MAKE/MANUFACTURER  |  | 46. MODEL  |  | 47. BARREL LENGTH  |  | 48. CALIBER/GAUGE  |  |   |  |   |  |                       |  |   |  |
| SIGNATURES  |  | 49. TASER DART IO NO.  |  | 50. WEAPON SERIAL NO. (Include Letters)  |  | 51. CHICAGO GUN REG. NO.   |  | 52. IL FIREARM OWNER ID. NO.   |  | 53. HANDGUN CERTIFICATE NO.   |  |   |  |                       |  |   |  |
|   |  | 54. SPECIAL WEAPON CERTIFICATE NO.   |  | 55. PROPERTY INVENTORY NO.   |  | 56. TYPE OF AMMUNITION USED  |  | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.  |  | 58. TOTAL NO. OF SHOTS MEMBER FIRED   |  |   |  |                       |  |   |  |
| 70. EVENT NO.<br><b>1128600168</b>                |  | 59. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)  |  | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO   |  | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED  |  | 62. HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) |  |   |  |   |  |                       |  |   |  |
|   |  | 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)  |  | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  | 65. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO  |  |  |  |   |  |   |  |                       |  |   |  |
| 71. R.O. NO.<br><b>HT540320</b>                   |  | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)  |  | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.  |  |  |  |  |  |   |  |   |  |                       |  |   |  |
|   |  | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON<br><input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN  |  | 69. POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 SITTING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 STANDING <input type="checkbox"/> 04 LYING DOWN <input type="checkbox"/> 05 OTHER (SPECIFY)  |  |  |  |  |  |   |  |   |  |                       |  |   |  |
| 72. CASE INFO.                                    |  | 73. REPORTING MEMBER (Print Name)<br><b>KROLL, ANDREW J</b>  |  | STAR/EMPLOYEE NO.<br><b>14373</b>  |  | SIGNATURE<br><b>[REDACTED]</b>   |  |  |  |   |  |   |  |                       |  |   |  |
|   |  | 13-OCT-2011 03:33:47   |  |  |  |  |  |  |  |   |  |   |  |                       |  |   |  |
| 73. SIGNATURES                                    |  | 74. REVIEWING SUPERVISOR (Print Name)<br><b>SCHULTZ, NEAL A</b>  |  | STAR NO.<br><b>2652</b>  |  | SIGNATURE<br><b>[REDACTED]</b>   |  | DATE REVIEWED<br><b>13-OCT-2011 03:35:17</b>   |  | TIME  |  |   |  |                       |  |   |  |
|   |  |  |  |  |  |  |  |  |  |   |  |   |  |                       |  |   |  |

LOG# 1049286

Attachment# 10

SUBJECT  
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-204.1-A-3, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4,  
720 ILCS 570.0/401-A-7.5-C-1

☐ DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

On-going investigation by Area Detectives in pursuit of felony charges for Agg Batt to PO.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

During investigation by Officers into narcotic trafficking by offender, the offender attempted to flee from Officers and evade arrest by crashing a vehicle into the Officers vehicle, knowing that her arrest was imminent and that those approaching in a vehicle were Police Officers. The Officers sustained minor injury as did the offender. All of the actions by the Officers were taken in the furtherance of their investigation and their attempt to question the offender when the unprovoked violent attack on the Officers took place.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

KARNICK, THOMAS E

SIGNATURE

DATE COMPLETED

TIME

13-OCT-2011 03:42:48

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

2